

STAFF SERVICES ANALYST (GENERAL) TRANSFER EXAMINATION REQUEST FORM

APPLICANT NAME (Last) (First) (M.I.)	SOCIAL SECURITY NUMBER
ADDRESS (Number) (Street)	WORK TELEPHONE NUMBER ()
(City) (State) (Zip Code)	HOME TELEPHONE NUMBER ()

ANSWER THE FOLLOWING QUESTIONS:

1. Are you currently an employee of the Department of Forestry and Fire Protection? _____ YES _____ NO
2. Are you currently an employee of the Resources Agency? _____ YES _____ NO
3. Do you need reasonable accommodation to take a written test?
 (If "Yes", you will be notified to make special arrangements) _____ YES _____ NO
4. Have you taken the SSA (General) transfer examination within the last six months?
 If "yes", with which department and date you took the examination. _____ YES _____ NO

Employee's Signature

Date Signed

**DO NOT USE THE SPACE BELOW
FOR PERSONNEL USE ONLY**

PERSONNEL USE ONLY	
HIGHEST AO1 CLASSIFICATION	
HIGHEST AO1 CLASS CODE	
AO1 APPOINTMENT DATE	
AO1 APPOINTMENT TENURE	
AO1 APPOINTMENT TIME BASE	
ACCEPTED	DENIED
IF DENIED, REASON	
VERIFIED BY	
SIGNATURE	
DATE	
2 ND VERIFIER INITIALS	
DATE	